

CITY OF HALLANDALE BEACH

AUTOMATIC BILL PAYMENT (ABP) AUTHORIZATION

Please complete and sign this application. **ATTACH OR ENCLOSE A VOIDED CHECK OR SAVINGS DEPOSIT SLIP WITH THE AUTHORIZATION.**

- Mail or return with your Utility Payment to:
City of Hallandale Beach
400 South Federal Highway,
Hallandale Beach, Fl. 33009

All payments must be made in U.S. dollars.

Customer Account Information:

List the utility account number and corresponding service addresses that you wish to enroll:

1. _____
2. _____
3. _____

Name on your account(s) _____

Phone number (Day) _____ (Evening) _____

Financial Institution Information:

Bank Name: _____

Bank Telephone Number: _____ Type of Acct: Checking Savings

Bank Account Number : _____

Bank Transit Number(ABA): _____
(The nine-digit number on the bottom left of your check or savings deposit slip)

I hereby authorize my financial institution and the City of Hallandale Beach to withdraw funds from my account on the due date to pay my utility bill rendered to me by the City of Hallandale Beach. I understand my bank account will be charged the full amount of my bill. This authority will remain in effect until the City has received written notification to terminate this authority and in such manner as to afford the City and Financial Institution a reasonable opportunity to act on it. I agree to notify the City promptly if I change banks or if my banking account number changes. I also understand that if this ABP debit is not honored by my bank or financial institution for any reason, my utility account may be assessed a fee and my utility service may be disconnected for non-payment. Customers with two or more return items may be removed from the ABP. I also understand that the City can stop my participation if necessary.

YOUR SIGNATURE _____ **DATE** _____
(Signature required to process application)

NEVER WRITE A CHECK FOR YOUR UTILITY BILL AGAIN!